

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013933

1. Corporation Name

CRAWFORD EQUIPMENT CO.

QCAR

Principal Place of Business

Mailing Address

812 SUGARHOUSE BLVD.
PORT ORANGE FL 32119

812 SUGARHOUSE BLVD.
PORT ORANGE FL 32119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

500 Kingston Ave.

500 Kingston Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Daytona Beach FL

City & State
Daytona Beach FL

Zip
32114

Country
USA

Zip
32114

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1998

5. FEI Number

59-3490754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 A fee of \$8.75 is required for a certificate of status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CRAWFORD, DEBRA A	812 SUGARHOUSE BLVD.	PORT ORANGE FL 32119

9800003095889-2
-11/05/99-01012-014
*****8.75 *****8.75

ts

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR., SUITE 37
PALM HARBOR FL 34684

Name
Debra A. Crawford
Street Address (P.O. Box Number is Not Acceptable)
500 Kingston Ave.
Suite, Apt. #, Etc.

City
Daytona Beach

State
FL

Zip Code
32114

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Debra A. Crawford

Date Oct. 20, 1999

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Debra A. Crawford

Oct. 20, 1999 (904) 252-6001

06/18/99 96011 02415000



CRAWFORD EQUIPMENT CO.
RENTALS * SALES * SERVICE

October 20, 1999

2

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Attention: Tyrone

Subject: Crawford Equipment Co.
Ref. Number: P98000013933

Dear Tyrone:

Per our discussion this morning, enclosed is my Application for Reinstatement, completed as you directed. Also enclosed is a check for \$8.75 to cover the cost of a Certificate of Status.

The original paperwork which I sent to the Division of Corporations is attached for your review. I received the first notice from your office after May 1st and would like to request that the \$400 late fee be waived.

If this is not acceptable, I can be reached at (904) 252-6001. Thank you for your consideration on this matter.

Sincerely,

CRAWFORD EQUIPMENT COMPANY

A handwritten signature in cursive script that reads 'Debra A. Crawford'.

Debra A. Crawford
President